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CONFIRMATION NO. 6515

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<b>APPLICANTS</b> Wolfgang Meyer-Ingold, Hamburg, GERMANY; Holger Kartheus, Hamburg, GERMANY; Michael Schink, Hamburg, GERMANY; Michael Bogdahn, Buxtehude-Neukloster, GERMANY; Jurgen Christian Quandt, Klein Nordende, GERMANY; Christian Gade, Neu Wulmstorf, GERMANY; Thorsten Berg, Hamburg, GERMANY; Jan Janichen, Hamburg, GERMANY; Karl-Heinz Woeller, Hamburg, GERMANY; Carsten Hartkopf, Hamburg, GERMANY;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 103 16 156.2 04/09/2003				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/13/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 102
Verified and Acknowledged Examiner's Signature _____ Initials _____				<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 7055				
<b>TITLE</b> Antimicrobial wound covering article				
<b>FILING FEE RECEIVED</b> 2376	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	